



STATE OF WASHINGTON  
**TRUST WATER RIGHT FORM**

***Transfer of CONSERVED WATER to the Trust Water Right Program*** ☐

***DONATION of a water right to the Trust Water Right Program*** ☐

***PARTIAL DONATION of a water right to the Trust Water Right Program*** ☐

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

APPLICANT/BUSINESS NAME	PHONE NO. (   )	FAX NO. (   )
ADDRESS		
CITY	STATE	ZIP CODE

CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO. (   )	FAX NO. (   )
ADDRESS		
CITY	STATE	ZIP CODE

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME:	

***Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established.***

**FOR OFFICE USE ONLY**

WATER RIGHT NO. \_\_\_\_\_ FILE NO. \_\_\_\_\_

### 3. Purpose of Use Information:

#### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

#### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

### 3. Place of Use:

#### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

#### B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR TRANSFER TO THE TRUST WATER RIGHT PROGRAM? ☐ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

#### 4. Remarks and Other Relevant Information:

IF TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

#### 5. Signatures:

*I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.*

_____ (Applicant)	____/____/____ (Date)
_____ (Water Right Holder)	____/____/____ (Date)
_____ (Land Owner(s) of Existing Place of Use)	____/____/____ (Date)

#### **WE ARE RETURNING THIS FORM FOR THE FOLLOWING REASON(S):**

- ☐ MAP NOT INCLUDED or INCOMPLETE
- ☐ ADDITIONAL SIGNATURES REQUIRED      ☐ SECTION \_\_\_\_\_ IS INCOMPLETE
- ☐ OTHER/EXPLANATION: \_\_\_\_\_

**STAFF:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_